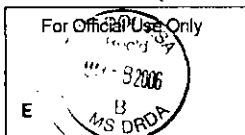


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



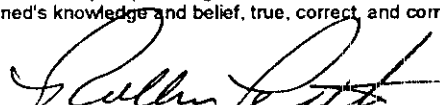
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6382	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Rollin R Reth P.O. Box, Bldg., Room No., if any Street 5707 Ashton Woods Circle City Ravenna State Ohio ZIP Code + 4 44266	4. Name, file number, and address of labor organization. Name Asbestos Workers Local #84 Labor Organization File Number 542-749 P.O. Box, Building and Room Number, if any Street 2199 5th Street SW City Akron State Ohio ZIP Code + 4 44314
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 5/1/2006	(330) 753-5909
	Date	Telephone Number

Name of Person Filing Rollin Reth	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 84 Pension Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 36 E. Warner Rd.</p> <p>City Akron</p> <p>State Ohio ZIP Code + 4 44319</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 84 Pension Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 36 E. Warner Rd.</p> <p>City Akron</p> <p>State Ohio ZIP Code + 4 44319</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursed wages for attending trustee meetings</p> <p>Hotel for meeting in Detroit (Loomis Sayles)</p>
	<p>12.b. Amount. \$303</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Rollin Reth	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 84 Annuity Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 36 E. Warner Rd.</p> <p>City Akron</p> <p>State Ohio ZIP Code + 4 44319</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 84 Annuity Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 36 E. Warner Rd.</p> <p>City Akron</p> <p>State Ohio ZIP Code + 4 44319</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed wages for attending trustee meetings</p> <p>Hotel for meeting in Detroit (Loomis Sayles)</p> <hr/> <p>12.b. Amount. \$303</p>

Mr. Rollin Reth

Arrival: 08/11/05
Departure: 08/12/05

Room: 241
Cashier: 17
Page: 1
Departure Time: 07:20

I N V O I C E N O. 3183

Radisson Kingsley Hotel Bloomfield Hills, 08/12/05

39475 Woodward Ave.

Bloomfield Hills, MI. 48304

Reach us by phone at 248-644-1400 Fax 248-644-5449

Make your next reservation via the WWW at - <http://www.radisson.com/bloomfieldhillsmi>

Date	Text	Room	Charges	Credits
08/11	Room Charge	241	109.00	
08/11	State Tax-6%		6.54	
08/11	Occupancy Tax-1.5%		1.64	
08/11	Occupancy Tax-2%		2.18	
08/12	Visa Card			119.36
	->XXXXXXXXXXXX36670	XX/XX		

$119.36 \div 2 = \$59.68$

Total 119.36 119.36

Balance 0.00 USD

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Signature: _____

CC Capture Method: Swiped

$\$59.68$ - Annuity Plan

$\$59.68$ - Pension Plan